

FACSIMILE TRANSMITTAL SHEET

RECEIVED
CENTRAL FAX CENTER

JAMES C. LYDON
Attorney At Law
100 Daingerfield Road
Suite 100
703Alexandria, VA 22314

JUN 8 2007

>>> IF YOU DID NOT RECEIVE ALL PAGES, PLEASE CALL AS SOON AS POSSIBLE <<<

FACSIMILE OPERATOR TEL. NO.: (703) 838-0445
DIRECT LINE TO FACSIMILE: (703) 838-0447

TO: Examiner Gembeh, Shirley V.
Group Art Unit: 1614

FIRM: U.S. Patent and Trademark Office

FACSIMILE NO.: 1-571-273-8300

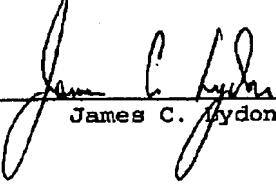
FROM: James C. Lydon

RE: Amendment and Excess Claim Fee Transmittal
U.S. Patent Appln. S.N. 10/534,091
By: Juha-Matti SAVOLA et al.
Atty. Case No.: TUR-168

TOTAL PAGES: 21 including cover sheet.

DATE: June 8, 2007

I hereby certify that this paper is being
facsimile transmitted to the Patent and
Trademark Office on the date shown above.


James C. Lydon

THIS FACSIMILE IS INTENDED ONLY FOR THE INDIVIDUAL OR ENTITY NAMED ABOVE (OR THOSE PROPERLY ENTITLED
ACCESS TO THE INFORMATION) AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL OR EXEMPT FROM
DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN
AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR COPY
OF THIS TRANSMISSION IS PROHIBITED.

IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY COLLECT TELEPHONE CALL
OR BY FACSIMILE. THANK YOU.

PTO/SB/17 (08-07)

Approved for use through 06/30/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$50.00

Complete If Known

| | |
|----------------------|---------------------|
| Application Number | 10/534,091 |
| Filing Date | May 6, 2005 |
| First Named Inventor | Juha-Matti SAVOLA |
| Examiner Name | Gembala, Shirley V. |
| Art Unit | 1614 |
| Attorney Docket No. | TUR-168 |

RECEIVED
CENTRAL FAX CENTER

JUN 8 2007

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number 50-11258 Deposit Account Name James C. Lydon

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|---------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-------------------|--------------|----------|---------------|---------------------------|
| 22 - 20 or HP = 2 | x 25.00 | = 50.00 | | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-----------------|--------------|----------|---------------|---------------------------|
| 3 - 3 or HP = 0 | x 0 | = 0 | | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 100 | / 50 | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY

| | | | |
|-------------------|----------------|---|--------------------------|
| Signature | C. Lydon | Registration No: 30,082 (Attorney/Agent) | Telephone (703) 838-0445 |
| Name (Print/Type) | James C. Lydon | Date June 8, 2007 | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

JUN 8 2007

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: _____

Juha-Matti SAVOLA et al.

Serial Number: 10/534,091

Group Art Unit: 1614

Filing Date: May 6, 2005

Examiner: Gembeh, Shirley V.

For: OROMUCOSAL FORMULATION AND PROCESS FOR PREPARING THE SAME

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 8, 2007

Sir:

In response to the Official Action mailed March 8, 2007,
please amend this application as follows:

06/11/2007 TL0111 00000022 10534091

01 FC:2202

50.00 0P